



Suite 300
4349 Easton Way
Columbus, OH 43219

Dear Provider,

We have received your request for <DME Product> for <Member Name>, <DOB>. This is not a Pharmacy Benefit. This request needs to be submitted by the servicing DME provider.

Use the *Find a Provider* tool for servicing DME providers within your member's zip code.

- **Pathway to Provider Search:**
www.buckeyehealthplan.com > Medicaid Plan > Find a Provider > Start Provider Search
- **Pathway to outpatient prior authorization form:**
www.buckeyehealthplan.com > For Providers > Provider Resources > Manuals, Forms & Resources > Forms > Medicaid Outpatient Prior Authorization Request Form

Please feel free to contact Provider Services with any further questions or assistance at **1-866-296-8731**. Thank you for supporting the health and wellness of Buckeye members.

Sincerely,

Buckeye Health Plan